

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK★ JUN 12 2006 ★  
BROOKLYN OFFICE

H Katz Plaintiff,

APPLICATION FOR APPOINTMENT  
OF COUNSEL

-against-

All That Glitter  
Joe R Magaw  
Defendant.

06cv5741

1. Name &amp; mailing address of applicant

Joe Magaw

Box 602 Cross Junction Vg  
226252. Explain why you feel you need a lawyer in this case.  
(Use additional paper if necessary).Absolutely - my attorney is hospitalized - she was a friend  
would do pro bono - I am bewildered.3. Explain what steps you have taken to find an attorney and with what results.  
(Use additional paper if necessary).- I really have little money  
There are no attorneys here, licensed in New York4. If you need a lawyer who speaks in a language other than English, state what  
language you speak: NO

I declare under the penalties of perjury that my answers to the foregoing questions are true to the best of my knowledge.

I understand that if I am assigned a lawyer and my lawyer learns, either from myself or elsewhere, that I can afford a lawyer, the lawyer may give this information to the Court.

I understand that if my answers on my Affidavit in Support of Application for Appointment of Counsel are false, my case can be dismissed. I hereby waive my privilege of attorney-client confidentiality to the extent necessary for my appointed attorney to make an application to be relieved as provided in the Procedures Regarding Appointment of Attorneys in Pro Se Civil Actions.

I understand that making this application does not excuse me from litigating my case, and that it is still my responsibility to have the defendants served with a summons and complaint, if I have not already done so.

6/8/06

Date

Jm

Signature

-----X

-----X

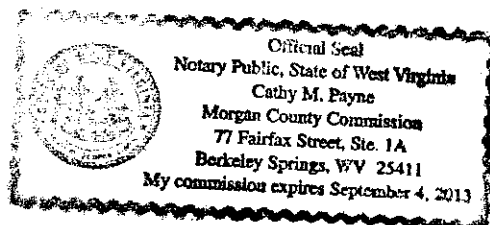
06 cv 57 (4)

**AFFIDAVIT OF** \_\_\_\_\_

**State of New York       )**  
  **) ss.**  
**County of Kings         )**

Joe R. M.  
Sign Here Before Notary Public

Cathy M. Payne  
Notary Public



ANSWERS TO QUESTIONS REGARDING ABILITY TO PAYAre you now employed? ( ) Yes ☒ No ( ) Am self-employedSubstitute  
Teacher  
off 6/9 to 8/25Name and address of employer: Morgan County  
WVA EducationIf YES, how much do you  
earn per month \$ 1000.00  
1000 is an averageIf NO, give month and year of  
last employment 6/9/06If Married, is your spouse employed? ( ) Yes ☒ No

Not Married

If YES, how much does your spouse earn per month \$ \_\_\_\_\_

If you are a minor under age 21, what is your parents or guardians approximate  
monthly income \$ Not ApplicableHave you received within the past 12 months any income from a business profession  
or other form of self-employment, or in the form of rent payments, interest, dividends,  
retirement or annuity payments, or other sources? ☒ Yes ( ) No

	<u>Received</u>	<u>Source</u>
If YES, give the amount received & identify source	\$ <u>2500</u> \$ <u>1000</u>	<u>US Tax Solutions</u> <u>Southern Comfort</u> <u>Warranty</u>
Did some telemarketing for them		
Do you receive any Social Service monies, welfare payments, disability or unemployment benefits from any federal, state or city agency? ( ) Yes <input checked="" type="checkbox"/> No		

	<u>Received</u>	<u>Source</u>
If YES, give the amount received & identify source	\$ <u>NO None</u>	_____
	\$ _____	_____
	\$ _____	_____

Have you any cash on hand or money in a savings or checking  
account? ( ) Yes ☒ No less than 500If YES, state total amount \$ 500Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable  
property? (excluding ordinary household furnishings and clothing) ☒ Yes ( ) No

	<u>Value</u>	<u>Source</u>
If YES, give the value & describe	\$ <u>1000</u> \$ <u>1000</u> \$ _____	<u>Truck</u> <u>Car</u> _____

Marital Status: ☒ Single ( ) Married  
( ) Widowed ( ) Separated or Divorced

Total Number of Dependents: X NO

List persons you support and relationship to them: NO

Name	Relationship

	Creditors	Total Debt	Monthly Payments
Apartment or Home	Live <del>at</del> Mother's house She owns house		Standard expense electric heat etc upkeep home I live alone
Other:			

I have numerous expense - medical etc but am in default can't pay - credit cards etc can't pay

I hereby certify the above to be correct.

  
Signature

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

H Katz Plaintiff,  
-against-

All That Gitter  
Defendant.

AFFIDAVIT IN SUPPORT OF  
APPLICATION FOR APPOINTMENT  
OF COUNSEL

06 cv 574  
06 CV 574

Joe R. Moss  
AFFIDAVIT OF \_\_\_\_\_

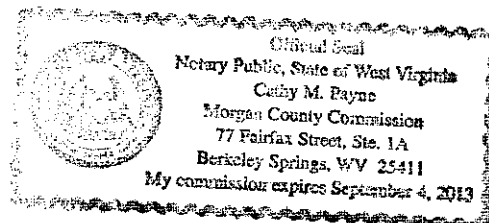
my location West Virginia  
State of New York )  
Morgan ) ss.  
County of Kings )

I, the above named affiant, being duly sworn according to law depose and say that I am the Plaintiff in the above entitled proceeding; that I am a citizen of the United States; that I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress; and that the information I have submitted in support of my request is true and correct.

Joe R. Moss  
Sign Here Before Notary Public

Sworn to and subscribed before me  
this 8<sup>th</sup> day of June, 200 6

Cathy M. Payne  
Notary Public



Moss  
Box 602  
Cross Junction  
VA 22605

\* ATTN  
PO Se' Office  
The Ralph N. Jones

To

United States District Court  
Eastern District  
225 Cadman Plaza East  
Brooklyn, New York 11201

